

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Derry Roopenian

Serial Number: 09/993,322

Filing Date: November 6, 2001

Title: FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope

TRANSMITTAL OF DECLARATION/POWER OF ATTORNEY

BOX MISSING PARTS Commissioner of Patents Washington, D.C. 20231

Sir:

In response to the Notice to File Missing Parts dated December 10, 2001, enclosed herewith is an executed Declaration/Power of Attorney for filing in the captioned application. A copy of the Notice is attached together with a check in the amount of \$2,150.00; \$65.00 in payment of the surcharge for a Small Entity, \$370.00 in payment of the statutory basic filing fee, and \$1,715.00 in payment of the additional claim fee(s). A Verified Statement Claiming Small Entity Status is enclosed for filing as part of the above referenced patent application.

Please charge Applicant's Attorney's Deposit Account No. 06-0130 for any additional fees that may be due in this matter.

Respectfully submitted,

Kevin M. Farrell Attorney for Applicant Registration No.: 35,505

Telephone: (207) 363-0558

York Harbor, ME Date: 12/20/07

Л ARC 2010DEC TI





PTO:SB:01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket Number JL-2010 DECLARATION FOR UTILITY OR **DESIGN** First Named Inventor Derry Roopenian PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) 091993,322 Application Number Declaration Declaration November 6, 2001 Filing Date Submitted OR Submitted after Initial with Initial Filing (surcharge Group Art Unit Not yet assigned (37 CFR 1.16 (e)) Filing required) Examiner Name Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FCRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS

(Title of the Invention)

the specification of which

is attached hereto

OR

🗶 was filed on (MM/DD/YYYY) November 6, 2001 as United States Application Number or PCT International Application Number 09/993,322.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<u> </u>		
			<u> </u>		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Page I of 2

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

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DECLARATION - Utility or Design Patent Application									
Direct all correspondence to: Customer Number or Bar Code Label				OR —	⊠ Cor	respondence addre	ss below		
Name	Kevin M. Farrell								
Address	Kevin M. Farrell, P.C. P.O. Box 999								
City	York Harbor		State		Maine	ZIP	03911		
Country	USA	Telephone	ie (207) 363-055		8	Fax	(207) 363-0528		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:					A petition has been filed for this unsigned inventor				
Given Name (first and midd)	ven Name rst and middle (if any)) Derry				Family Name or Surname		Roopenian		
Inventor's Signature			Date 12 20 01						
Residence: City	7	Salisbury Cove	State	ME	Country	USA	Citizenship	US	
Mailing Addres	ss	Box 29, Locust L	ane						
City	Salisbury Cove		State	ME	ZIP	04672	Country	USA	
NAME OF SECOND INVENTOR:					☐ A petition has been filed for this unsigned inventor				
Given Name (first and middl	le (if any))				Family Name or Surname				
Inventor's Signature					Date				
Residence: City	,		State		Country		Citizenship		
Mailing Addres	ss								
City		State		ZIP Country		Country			
Additional	inventors are beir	ng named on the	supple		Additional Invent	or(s) sheet(s) P	TO/SB/02A attache	ed hereto.	

[Page 2 of 2]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Derry Roopenian

Application No.: 09/993,322

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DISORDERS

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D.C. 20231 on KEVIN M. FARRELL, P.C.

KEVIN M. FARRELL, P.C.

TRANSMITTAL OF VERIFIED STATEMENT

Commissioner for Patents

Washington, D.C. 20231

Sir:

Please file the enclosed Verified Statement Claiming Small Entity Status in the above-identified patent application.

Respectfully submitted,

bus its care

Kevin M. Farrell

Registration No. 35,505

Attorney for Applicant(s)

York Harbor, ME 03911

Dated: 12/28/01

JL/ARC/2010VS CVR

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(d)) - NONPROFIT ORGANIZATION

DOCKET NUMBER JL-2010

Applicant or Patentee: Derry Roopenian

Serial or Patent No.: 09/993,322 Filed or Issued: November 6, 2001

Title: FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE

DISORDERS

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The Jackson Laboratory ADDRESS OF ORGANIZATION: 600 Main Street

Bar Harbor, ME 04609

TY	PE OF NONPROFIT ORGANIZATION:
	UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
X	TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
	(26 USC 501(a) and 501(c)(3))
X	NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF
	STATE OF THE UNITED STATES OF AMERICA
	(NAME OF STATE Maine)
	(CITATION OF STATUTE M.R.S.A. Title 13-B
	WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
	(26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
	WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE
	OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED
	STATES OF AMERICA
	(NAME OF STATE)
	(CITATION OF STATUTE)
	I hereby declare that the nonprofit organization identified above qualifies as a nonprofit anization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States ent and Trademark Office regarding the invention described in:
	the specification filed herewith with the title as listed above.
X	the application identified above.
	the patent identified above.
	4

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention must file separate verified statements averring to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.
each such person, concern, or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: David Einhorn, Esq.

TITLE IN ORGANIZATION: House Counsel

ADDRESS OF PERSON SIGNING: The Jackson Laboratory

600 Main Street

Bar Harbor, ME 04609

SIGNATURE

____ DATE 12:15/c/

JL CUR-2001 VS